

BSHCN FAMILY PARTNERSHIP

SPECIAL POINTS OF INTEREST:

- When to stay home...
- New Booster Seat Law
- Backpack Safety
- School Bus Safety
- Who to know at school....
- And more!

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Partnering Together



SPECIAL EDITION

FALL, 2006

Back To School

By now you've started shopping for everything from pencils to notebooks to jeans to socks and everything else associated with getting your kids back to school.

As parents as well, we know the stress of getting everything from tangible items to services related to our kids' education. We have brainstormed to provide you with a

comprehensive newsletter containing resources and information to get you and your family off to a



healthy school year.

Our annual parent/

caregiver retreat will be held November 3-4, 2006 at the Quality Inn in Columbia. Watch your mailbox for registration forms coming soon! Truly an experience you won't want to miss!

So sharpen up your pencils and let's get started!

Your Family Partners,

~Carla, Tracy & Bev

Moms to 10 kids

Meet our new Project Coordinator...

Recently, Miller County Health Center announced that Danny Evans will be the new Project Coordinator for the BSHCN Family Partnership initiative. Danny replaces Misty Duncan who has accepted another position within MCHC in accounting.

Danny comes to us with many years of experience in working with individuals with special health care needs. First and foremost, he is a father to two boys both with Fragile X Syndrome ages 18 and 12. Danny and his wife have been married for

20 years and recently moved back to their roots of Eldon from Bolivar, Missouri (located north of Springfield). The Family Partners are excited to have Danny as not only is his personality inviting, but his experience as a dad will bring the male perspective to an often female dominated population offering input to programs and services affecting their family.

Danny can be reached by using our toll-free phone line (866) 809-2400 where you may also leave a message for your Family Partner.

About Family Partnership...

History

The Family Partnership was formed by Special Health Care Needs (SHCN), of the Missouri Department of Health and Senior Services, to enhance the relationship between SHCN and the families they serve. The Family Partnership also provides support and information to these families and an opportunity for families of individuals with special health care needs to connect with each other.

Members

The Family Partnership members include individuals with special health care needs, as well as, parents, family members or legal guardians. The Partnership has three professional Family Partners who share responsibility for each of SHCN's service areas. The Family Partners are parents of special needs individuals served by SHCN. In addition to providing information and resources to local members, they serve as the Partnership's contact person for their designated areas. They plan, schedule, and facilitate the Family Partnership meetings.

Family Partnership is a project for Missouri families of special needs individuals. The project is funded by the Maternal and Child Health Bureau Title V Block Grant and the Missouri Department of Health and Senior Services, Special Health Care Needs and is achieved by means of an agreement with the Miller County Health Center.



Members of the Northwest and Northeast regions for Family Partnership at the 2005 Annual Parent/Caregiver Retreat.



Meet your Family Partners...

Bev Woodhurst



Bev Woodhurst is our Northeast Family Partner and mom to Keith, Evan, Darcy and Tanner. Bev serves the St. Louis, Columbia, and Jeff City areas along with the far northeast section of Missouri. Bev is involved in many areas of working with families who have children with special health care needs as a result of her experiences with her son, Keith's, special needs and raising three children.

Contact Bev by:

Email: shcnfamilypartner@yahoo.com

Phone: (573) 565-2030

Tracy Simmons



Tracy Simmons represents the Northwest corner of the state with the Kansas City, St. Joseph, Sedalia, Clinton areas. Tracy is also mom to six month old son, Evan, daughters Sierra and Taylor. Tracy has been a long time advocate for children with special health care needs since Taylor, her oldest, was a newborn. Taylor received a hot lot of the DPT vaccination resulting in serious medical complications.

Contact Tracy at:

Email: tsimmons8103@aol.com

Phone: (816) 537-8103

Carla Sandwell



Mother to Kierstyn, Bennett (a Shaken Baby Syndrome survivor) and Jacob, Carla Sandwell assists families in the Joplin, Carthage, Rolla, Springfield, Branson, Sikeston, West Plains, Cape Girardeau & boot heel areas of the state. Carla has been actively involved with Family Partnership since its first meeting in Springfield five years ago. In addition to finishing her bachelor's degree in Child & Family Development, she is committed to strengthening Missouri families through education, legislative policy & service improvements.

Contact Carla at:

Email: fvmo@mchsi.com

Phone: (417) 619-2609

Miller County Health Center

Danny Evans, Project Coordinator
PO Box 2

Tuscumbia, MO 65082

Toll Free: (866) 809-2400

Fax: (573) 369-2350

Bureau of Special Health Care Needs

(800) 451-0669

Quick Facts about the Family Partners

- All Family Partners have graduated from the Partners in Policymaking program by the Missouri Planning Council on Developmental Disabilities.
- We have 10 kids between us — 7 have special needs.
- Combined we have 35 years of advocacy service.
- We love meeting new people and sharing resources!



Partnering with your child's teacher and school staff helps to build lasting memories for your child.

"The foundation of every state is the education of its youth."

~Diogenes Laertius

Don't forget that your bus driver is also a stakeholder in your child's education!

Where to turn to for education assistance

Missouri Protection & Advocacy

MO P&A is a Federally mandated system in the state of Missouri which provides protection of the rights of persons with disabilities through legally based advocacy.

Website: www.moadvocacy.org

925 S. Country Club Dr

Jefferson City, MO 65109

TEL: 573-659-0678 / 800-392-8667

Missouri Department of Elementary and Secondary Education Division of Special Education

Name

Phone Number

Main

(573) 751-5739

Commissioners

D. Kent King, Commissioner

(573-751-4212

Melodie Friedebach, asst. commissioner

(573) 751-4444

Email: melodie.friedebach@dese.mo.gov

Special Education Administration

Dale Carlson, coordinator

(573) 751-3561

Special Education Services

Pam Williams, coordinator

(573) 751-2965

Special Education Early Intervention Services

Joyce Jackman, coordinator

(573) 751-3559

Effective Practices Section

Kate Numerick, director

(573) 751-0187

Extended Employment Sheltered Workshops Section

Larry Young, director

(573) 751-3547

Missouri School for the Blind

Jim Sucharski, superintendent

(314) 776-4320

Missouri School for the Deaf

Barbara Garrison, superintendent

(573) 592-4000

State Schools for Severely Handicapped

Barbara Stevens, interim superintendent

(573) 751-4427

Web Site

dese.mo.gov/divspered

MPACT is a statewide parent training and information center serving all disabilities. Our mission is to ensure that all children with special needs receive an education that allows them to achieve their personal goals.

MPACT staff and volunteers are located throughout Missouri working together with educators and others for children's education. We promote the dignity of individuals with disabilities and their right to participate in all aspects of the community.

MPACT serves parents of children with all disabilities and works with public and private agencies, parent groups, professional organizations and advocacy groups.

MPACT provides up-to-date information online, as well as through our toll-free telephone numbers and training sessions throughout the state. You can also locate our information through Missouri's education agency or your local school district.



Is your child's school nutrition
consultant a part of their IEP team?



IDEA Regulations

- **August 2006** — As you may know, the Individuals with Disabilities Education Act (IDEA) was amended by Congress in December 2004. In an amazing feat of timeliness and determination, OSERS staff released a draft set of implementing regulations on June 10, 2005, conducted public meetings to receive comments from stakeholders, and set about revising the draft, with the end result being that, as of August 2006, we have *final* regulations on this newest iteration of the IDEA. We give you links below to connect with this exciting development in the field of special education. *Final Regulations: An Unofficial Copy:* On August 3, 2006, the Department of Education announced the final Part B regulations to implement the Individuals with Disabilities Education Improvement Act of 2004 (IDEA). An official copy of the final Part B regulations of the IDEA will be published in the Federal Register on August 14, 2006. So that members of the public will have the opportunity to immediately review the new Part B regulations of IDEA, the Department has temporarily posted an UNOFFICIAL copy at: www.ed.gov/policy/speced/guid/idea/idea2004.html

Would you like your unofficial regs formatted differently?

The unofficial copy of IDEA 2004's implementing regulations, linked above, is very, very long---over 1,700 pages, double-spaced. As a considerable generosity to the field, Wrightslaw is providing the same text in a more space-conserving format. This can be especially helpful if you're thinking about printing out the regulations. Visit Wrightslaw and find the single-spaced version of IDEA 2004 regulations, at: <http://www.wrightslaw.com/idea/law.htm>

From Center for Innovations in Education

www.cise.missouri.edu

What is an IEP?

If your child has been evaluated or reevaluated and is identified as a child in need of special education services, an Individualized Education Program (IEP) will be developed. The IEP is a written document describing your child's educational program.

This is an individualized program, meaning that this plan is written for your child, not a group or class of children. Education means that the IEP will focus on your child's learning needs. Program indicates that this addresses all of your child's learning needs in one document; this is not a lesson plan, but an overall view of instruction and services your child will receive throughout the year. IEP's must be reviewed and revised at least once a year. You may request an IEP meeting during the year if you think changes are needed.



Your child's IEP is developed at the IEP team meeting. This is the time for you to share your ideas and concerns about your child's education. School personnel will contact you about the IEP meeting; you may receive either a written notice or a phone call about the meeting. You will be notified early enough to ensure that you can attend the meeting. The meeting should be scheduled at a time and place agreeable to you and school personnel.

Who will be at the IEP meeting?

The IEP team is made up of the following:

- you, the parent
- your child with a disability, whenever appropriate
- at least one regular education teacher if your child is, or may be, participating in the regular education environment
- at least one special education teacher, or someone providing special education services to your child
 - a representative of the local education agency (LEA) who:
 - is qualified to provide or supervise special education
 - knows about the general education curriculum
 - knows about the availability of district resources and how progress will be reported to parents
- an individual who can explain evaluation results and how they can be used to plan educational programs; this person may be one of the district staff described above
- at the discretion of the parent or the school district, other individuals who have knowledge or special expertise regarding your child, including related services personnel

The people who participated in the development of your child's IEP will be listed on your child's IEP. Your signature does not indicate your agreement with the IEP, only that you participated in the development of the IEP.

What must an IEP include?

Present Level of Performance:

This describes your child's current education level. It should state how your child's disability affects his or her participation and progress in the general education curriculum or appropriate preschool activities.

Measurable Annual Goals, Objectives, or Benchmarks:

Measurable annual goals should focus on meeting your child's educational needs that result from his or her disability so that your child can be involved in and progress in the general curriculum. Objectives or benchmarks must be included for each annual goal to help everyone know if your child is making progress toward the goals and how progress will be measured and reported.

The IEP also must include a statement of:

- The special education and related services your child may need. Related services may include: transportation, speech-language therapy, audiology services, psychological services, physical and occupational therapy, recreation including therapeutic recreation, social work services, counseling services including rehabilitation counseling, orientation and mobility services, medical services for diagnostic and evaluation purposes, and assistive technology devices and services
- The location, frequency and duration for each special education and related service to be provided and any needed modifications or supports
- The extent to which your child will not participate in the general education class or general education curriculum
- How your child will participate in state and district assessments and if any accommodations are needed
- The transition service needs focusing on your child's course of study if he or she is 14
- The needed transition services, including a statement of any other agency's responsibilities or any needed linkages, if your child is 16
- The projected date for the beginning of special education, related services, and modifications

Services to be Provided:

Decisions about the specific special education and related services your child receives are based on the evaluation information, strengths and areas of concern, and your child's goals and objectives. The services are provided to assist your child in:

- Meeting the identified goals
- Participating and progressing in the general education curriculum and nonacademic activities
- Being educated and participating in related educational activities with other children with and without disabilities

What will be discussed at the IEP meeting?

As an IEP team member, you have the opportunity to talk with school personnel and to make joint decisions about your child's educational needs and goals. The local district is responsible for developing an IEP that meets the requirement of IDEA's state regulations.

The IEP Team must consider for all students with disabilities:

- The strengths of your child and your concerns for enhancing your child's education
- The results of the initial or most recent reevaluation
- The communication needs of your child
- Assistive technology devices and services

Special considerations:

- If your child's behavior interferes with his or her own learning or the learning of others, the IEP team will consider strategies, including positive behavioral interventions.
- If your child is Limited English Proficient (LEP), the IEP team will consider his or her language needs as they relate to the IEP.
- If your child is blind or visually impaired, the IEP team will consider use of instruction in Braille, unless the team determines this is not appropriate.
- If your child is deaf or hard of hearing, the IEP team will consider language and communication needs; opportunities for direct communication in your child's language and communication mode with peers and adults; academic level; and full range of needs, including opportunities for direct instruction in your child's language and communication mode.

After you have discussed the special education services your child needs, you will discuss where these services will be delivered. Special education services must be provided in the least restrictive environment for your child. This means that to the maximum extent appropriate, children with disabilities are to be educated with children who do not have disabilities. The IEP team must first consider the general education classroom for all students. Special classes or other removal from the general education classroom occurs only when the nature or severity of the disability is such that education in general education classes with supplementary aids and services cannot be achieved successfully.

How do you prepare for an IEP meeting?

- Check the IEP notice to determine who will be attending the meeting. Notify school personnel if you will be bringing someone with you. Call school personnel with any questions you have about this meeting.
- Notify school personnel as soon as possible if you will not be able to attend the meeting as scheduled. Try to arrange for a meeting that is convenient to everyone.
- Review what must be contained in the IEP and consider how each of these points affects your child.
- Gather information about your child that will be helpful at the meeting, such as reports from school, your observations, or doctors' reports.
- If your child is already in school, you may want to observe him or her in the classroom. You will need to call the school office to schedule a time.
- Watch and record your child's behavior at home.
- Write down what your child can and cannot do, likes and dislikes, and interactions with other children and family members.
- Find out what your child's feelings are regarding home, school and friends.
- Keep records of your child's work, parent conferences and progress reports. Use this information to monitor your child's progress and to prepare for future IEP meetings.

What if you think changes are needed in the IEP before the annual IEP review?

If you think changes are needed in your child's educational program, you can contact school personnel to request an IEP meeting. Your school may contact you during the school year if they think changes may be needed in your child's educational program. Your child's IEP must be reviewed at least once a year.

Questions you may want to ask during the IEP meeting:

- What do the tests and observations show about my child?
- In which classes or activities will my child be with non-disabled children his or her own age?
- What goals are realistic for my child? How do these goals lead to my child's future plans for adult living and work?
- How will my child's progress be measured and reported to me?
- How can I help at home with my child's educational program?
- Is my child ready to participate in the development of his or her IEP?

For more information and resources on transition, contact:

Your local school district:

Your child's teacher(s), building principal, or director of special education can help answer questions you may have.

**Special Education Compliance Section,
Department of Elementary and Secondary Education**

(573) 751-0699

Fax: (573) 526-4404

dese.mo.gov/divspeced/



Missouri Parents Act



MPACT is the parent training and information center for parents of children with disabilities. Some resources include the Do You Know Parent's Role brochures series, and Building a Bridge to the Future for Young Adults with Disabilities in Missouri, a workbook to guide the lifelong process of transition.

(800) 743-7634 outside Kansas City

(816) 531-7070 in Kansas City

www.ptimpact.com



Center for Innovations in Education

Resources on transition and other topics can be borrowed from the CISE library or ordered through our online library catalog.

(573) 884-7275

www.cise.missouri.edu



Members of the Southern region of Family Partnership
at the 2005 Annual Parent/Caregiver Retreat



News From Your School Nurse



When should your child stay home from school?

Many parents are concerned about when to keep children who have been ill home from school. These are few of the most common reasons children should stay home.

1. **Fever:** Your child should stay home if he/she has a fever of 100 degrees (orally) or more and should remain home for about 24 hours without fever reducing medication. Temperatures that are normal in the morning will often be elevated by the afternoon.
2. **Vomiting or Diarrhea:** Your child should stay home if he/she has vomited or has diarrhea (more than 1 loose stool) within 24 hours prior to the start of school. A physician should be contacted if vomiting and/or diarrhea last longer than 24 hours or becomes severe. (Be alert for *stress induced vomiting* – some children throw up when worried about something)
3. **“Cold” and/or persistent cough:** Lethargic (very tired), nose running continuously, excessive coughing. Child should remain at home until medical attention is received.
4. **Pinkeye:** Conjunctivitis can be very contagious. Pink eye — reddening of the white of the eye, inner eyelids along with drainage (pus), itching, pain. Child can not attend school until medical attention has been received.
5. **Head Lice:** Children with lice should be kept at home until treated and all the nits (eggs) are removed. Contact your schools nurse if you discover head lice on any of your children.
6. **Chicken Pox:** Students should not attend school until all the blisters have scabbed over and begin drying. This takes about 7-10 days from the onset of the disease.
7. **Impetigo:** Impetigo is sores that have become infected. Impetigo can be found anywhere on the body including the face. The sores become crusty and can drain infected material. Your child needs to be treated for the infection. Once treatment has started, your child may come to school. If not dry, sores need to be covered while in school.
8. **Strep Throat:** If your child has been diagnosed as having a strep throat (this requires a special test by a health care provider), your child should stay home approximately 24 hours after antibiotic therapy has been started and is fever free.
9. **Ringworm:** Can attend school if area is covered and not present on scalp.
10. **Rash:** Accompanied by a fever or recent illness. Child should remain home until cause is determined. If due to chicken pox, child is to remain at home until all lesions are crusted.
11. **Scabies:** A contagious skin disease caused by the “itch mite”. Child can return to school when adequately treated with the lotion prescribed by the health care provider.

Remember: A doctor’s note must accompany any medications that are to be given during school hours.

We appreciate your help in preventing the spread of disease in school and in limiting the number of days children miss due to illness. Please make arrangements with relatives, friends, neighbors or a sitter to pick up your child when she/he is ill at school.



Assistive Technology Special Factor Consideration

From: www.at.mo.gov/publications/factor.shtm

Q: What is an assistive technology device and assistive technology service?

A: IDEA defines assistive technology (AT) device as "any item, piece of equipment or product system, whether acquired commercially off the shelf, modified or customized, that is used to increase, maintain or improve the functional capabilities of children with disabilities."

Assistive technology (AT) services are defined as "any service that directly assists a child with a disability in the selection, acquisition or use of an assistive technology device." The term "assistive technology service" specifically includes a functional evaluation of the child in the child's customary environment. Such functional evaluation frequently includes structured trials of one or more assistive technology tools in the student's customary environment. These trials provide data to assist IEP teams in making decisions about AT devices needed for a free appropriate public education.

Q: Who must be "considered" for assistive technology?

A: IDEA '97 requires assistive technology be considered for ALL students with an IEP. To provide a free appropriate public education, the IEP team must consider if AT is needed for the student to meet IEP goals, benchmarks or objectives. The AT consideration should not be based on preconceived ideas about particular disabilities such as only blind students use AT or all blind students need a Braille notetaker. It is possible that a student with a disability may need several different types of AT, such as, augmentative communication, computer access and adaptive seating, based on their goals and objectives.

Q: What is an assistive technology "consideration"?

A: A "consideration" is a process in which IEP team members use information analysis and critical decision-making to determine student needs for assistive technology. IDEA '97 does not specify any parameters regarding the consideration such as "each IEP team will consider at least five AT devices for each student." Clearly however, an IEP team without access to information about a full range of assistive technology options will not be able to complete an appropriate "consideration." Data integral to the IEP team "consideration" includes: 1) information about the student, 2) the environments in which they function, 3) their general education curriculum access needs, 4) their IEP goals, benchmarks or objectives, and 5) information about the variety of assistive technology devices and services.

Q: What are the basic conclusions an IEP team may reach when "considering" AT?

A: In the decision making process of an IEP meeting, the team may decide:

1. AT devices or services are not needed -- If current non-assistive technology interventions, such as skill remediation, task modifications, or other interventions are working and nothing new is needed, including AT, the IEP team will note that AT is not needed.
2. AT devices or services are needed -- If a device is successfully being used, or there has been a successful trial with a device, or it is known from existing data that a specific device is needed, the IEP team will specify the device in the IEP to assure that it is provided.
3. AT devices or services may be needed -- If the IEP team is unsure if a device is needed by the student, they may conclude that AT device(s) should be tried and additional data gathered to make a determination. In that case, the IEP will include an AT service with specific device trial activities to be completed and data to be collected to determine benefit.

If the IEP team does not have enough information to make one of these three decisions, they will need to gather more information or bring additional members to the IEP meeting and either defer IEP completion or agree to implement the portion that is agreed upon.



Parents

- ✦ Teach children to follow these common sense practices to make school bus transportation safer.



Drivers

- ✦ When backing out of a driveway or leaving a garage, watch out for children walking or bicycling to school.
- ✦ When driving in neighborhoods with school zones, watch out for young people who may be thinking about getting to school, but may not be thinking of getting there safely.
- ✦ Slow down. Watch for children walking in the street, especially if there are no sidewalks in neighborhood.
- ✦ Slow down. Watch for children playing and congregating near bus stops.
- ✦ Be alert. Children arriving late for the bus may dart into the street with out looking for traffic.
- ✦ Learn and obey the school bus laws in your state. Learn the "flashing signal light system" that school bus drivers use to alert motorists of pending actions:
 - **Yellow flashing lights** indicate that the bus is preparing to stop to load or unload children. Motorists should slow down and prepare to stop their vehicles.
 - **Red flashing lights** and extended stop arms indicate that the bus has stopped, and that children are getting on or off. Motorists must stop their cars and wait until the red lights stop flashing, the extended stop sign is withdrawn, and the bus begins moving before they can

Continued from page 9...Assistive Technology

Q: How can assistive technology device trials be included in an IEP as an AT service.

A: The IEP simply specifies that an AT service (device trials) will be provided with the projected beginning date and the anticipated frequency, location and duration of the service. Many IEP teams find it helpful to supplement the IEP notation of an AT service (device trial) with a plan that includes the following components: 1) Identifying specific AT tools to be tried; 2) Identifying goals, scope and time of the device trials; 3) Identifying how the devices will be acquired for trial; and 4) Identifying the data that will be collected and analyzed to gauge benefit. Since IDEA does not require a device trial plan be done, the plan may be developed and documented in any form that is helpful for IEP team decision making.

Q: When do assistive technology considerations occur?

A: Assistive technology considerations must occur as part of IEP meetings. Additional considerations can also occur at other times in the special education process. AT device and service considerations should occur as part of initial comprehensive evaluations and three year reevaluations in areas where a device is required for valid testing results. (Example a student needs a hearing aid for valid oral language assessment.) AT services, with structured trials of AT devices, may be done as part of IEP implementation to gather data for decision-making.

Q: When should a separate assistive technology evaluation be done (with consent, etc.)?

A: Stand alone "assistive technology evaluations" which provide specific AT device recommendations or prescriptions, may supplement IEP team considerations, but are not required for all students. IEP teams should not expect outside recommendations to relieve the team of AT decision-making; such determinations can only be made by an IEP team with attention to the overall educational program.



School Bus Safety

For twenty three million students nationwide, the school day begins and ends with a trip on a school bus. The greatest risk is not riding the bus, but approaching or leaving the bus. Before children go back to school or start school for the first time, it is essential that adults and children know traffic safety rules.

Getting on the school bus

- When waiting for the bus, stay away from traffic and avoid roughhousing or other behavior that can lead to carelessness. Do not stray onto streets, alleys or private property.
- Line up away from the street or road as the school bus approaches.
- Wait until the bus has stopped and the door opens before stepping onto the roadway.
- Use the hand rail when stepping onto the bus.

Behavior on the bus

- When on the bus, find a seat and sit down. Loud talking or other noise can distract the bus driver and is not allowed.
- Never put head, arms or hands out of the window.
- Keep aisles clear -- books or bags are tripping hazards and can block the way in an emergency.
- Before you reach your stop, get ready to leave by getting your books and belongings together.
- At your stop, wait for the bus to stop completely before getting up from your seat. Then, walk to the front door and exit, using the hand rail.

Getting off the school bus

- If you have to cross the street in front of the bus, walk at least ten feet ahead of the bus along the side of the road, until you can turn around and see the driver.
- Make sure that the driver can see you.
- Wait for a signal from the driver before beginning to cross.
- When the driver signals, walk across the road, keeping an eye out for sudden traffic changes.
- Do not cross the center line of the road until the driver has signaled that it is safe for you to begin walking.
- Stay away from the bus' rear wheels at all times.

Correct way to cross the street

- Children should always stop at the curb or the edge of the road and look left, then right, and then left again before crossing.
- They should continue looking in this manner until they are safely across.
- If students' vision is blocked by a parked car or other obstacle, they should move out to where drivers can see them and they can see other vehicles -- then stop, and look left-right-left again.



So what is bullying?

- A lot of young people have a good idea of what bullying is because they see it every day! Bullying happens when someone hurts or scares another person on purpose and the person being bullied has a hard time defending himself or herself. Usually, bullying happens over and over.
- Punching, shoving and other acts that hurt people physically
- Spreading bad rumors about people
- Keeping certain people out of a "group"
- Teasing people in a mean way
- Getting certain people to "gang up" on others
- Bullying also can happen on-line or electronically. Cyberbullying is when children or teens bully each other using the Internet, mobile phones or other cyber technology. This can include:
 - Sending mean text, e-mail, or instant messages;
 - Posting nasty pictures or messages about others in blogs or on Web sites;
 - Using someone else's user name to spread rumors or lies about someone.

Unfortunately, not everyone takes bullying seriously, including adults. Which is one of the main reasons that the [Youth Expert Panel](#) has worked alongside the representatives of the U.S. Department of Health and Human Services (HHS) and the Maternal and Child Health Bureau (MCHB) to develop the **Take A Stand. Lend A Hand. Stop Bullying Now!** campaign.

Why do kids bully?

There are all kinds of reasons why young people bully others, either occasionally or often. Do any of these sound familiar to you?

- Because I see others doing it
- Because it's what you do if you want to hang out with the right crowd
- Because it makes me feel, stronger, smarter, or better than the person I'm bullying
- Because it's one of the best ways to keep others from bullying me

Whatever the reason, bullying is something we all need to think about. Whether we've done it ourselves ... or whether friends or other people we know are doing it ... we all need to recognize that bullying has a terrible effect on the lives of young people. It may not be happening to you today, but it could tomorrow. Working together, we can make the lives of young people better.

Effects of bullying

If you've ever heard an adult - or anyone else - say that bullying is "just a fact of life" or "no big deal," you're not alone! Too often, people just don't take bullying seriously - or until the sad and sometimes scary stories are revealed.

- **It happens a lot more than some people think** - Studies show that between 15-25% of U.S. students are bullied with some frequency, while 15-20% report they bully others with some frequency (Melton et al, 1988; Nansel et al, 2001).
- **It can mess up a kid's future.** Young people who bully are more likely than those who don't bully to skip school and drop out of school. They are also more likely to smoke, drink alcohol and get into fights (Nansel et al, 2003; Olweus, 1993).
- **It scares some people so much that they skip school.** As many as 160,000 students may stay home on any given day because they're afraid of being bullied (Pollack, 1998).
- **It can lead to huge problems later in life.** Children who bully are more likely to get into fights, vandalize property, and drop out of school. And 60% of boys who were bullies in middle school had at least one criminal conviction by the age of 24 (Olweus, 1993).



Do you bully others?

If you bully others, we're glad you're here. If you're not sure if what you're doing is really bullying, then take our quick quiz below that'll help you decide. (But here's a hint: If you are hurting or threatening others in some way and using your size, strength or popularity to do it ... you're probably bullying someone!)

Hey - let's face it, hurting and making others feel bad is NEVER cool. Just admitting that you are doing things to harm others takes some guts. But that's not enough. Trying to find out what you should do to change the way you're acting ... now that's a step in the right direction! So check out these tips ... they'll help you to start treating others with the respect they deserve.

Think about what you're doing ... and how it affects others. If you think calling others names is really harmless, or if you think pushing, hitting or stealing from other kids is funny, you've forgotten what it feels like to be hurt yourself! Teasing, hitting, keeping others out of a group - all of these things harm someone. All of us have been hurt at one time or another and we all know how it feels - awful! So the next time you are about to bully someone:

- ☞ put yourself in **their** shoes
- ☞ think about how it must make **them** feel; and
- ☞ and just don't do it.

Talk to an adult. Making other people feel badly should never make you feel good. If it does, or if you're not really sure why you bully other kids, you need to talk to an adult about it. Even though you might think an adult won't understand, or that you'll get yourself into trouble, they can help! Whether it is your parent, a teacher or another trusted grown-up, you should tell an adult how you've been acting so that they help you deal with it. School counselors are also great people to talk to about how you feel and how to change the way you treat others.

- ☐ There's a boy or a girl (or maybe more than one) whom you've repeatedly shoved, or punched or physically pushed around in a mean way just because you felt like it.
- ☐ You had someone else hurt someone you don't like.
- ☐ You've spread a nasty rumor about someone, in conversation, in a note, or through email or instant messaging.
- ☐ You and your friends have regularly kept one or more kids from hanging out or playing with you. Examples: at your lunch table at school, during sports or other activities, or activities that are a part of a club or other kind of group activity.
- ☐ You've teased people in a mean way, calling them names, making fun of their appearance, or the way they talk or dress or act.
- ☐ You've been part of a group that did any of these things - even if you only wanted to be part of the crowd.

If You Are Being Bullied...

Talk to your parents or an adult you can trust, such as a teacher, school counselor, or principal. Many teens who are targets of bullies do not talk to adults because they feel embarrassed, ashamed, or fearful, and they believe they should be able to handle the problem on their own. Others believe that involving adults will only make the situation worse. While in some cases it is possible to end bullying without adult intervention, in other more extreme cases, it is necessary to involve school officials and even law enforcement. Talk to a trusted adult who can help you develop a plan to end the bullying and provide you with the support you need. If the first adult you approach is not receptive, find another adult who will support and help you.

It's not useful to blame yourself for a bully's actions. You can do a few things, however, that may help if a bully begins to harass you. Do not retaliate against a bully or let the bully see how much he or she has upset you. If bullies know they are getting to you, they are likely to torment you more. If at all possible, stay calm and respond evenly and firmly or else say nothing and walk away. Sometimes you can make a joke, laugh at yourself, and use humor to defuse a situation.

Act confident. Hold your head up, stand up straight, make eye contact, and walk confidently. A bully will be less likely to single you out if you project self-confidence.

Try to make friends with other students. A bully is more likely to leave you alone if you are with your friends. This is especially true if you and your friends stick up for each other.

Avoid situations where bullying can happen. If at all possible, avoid being alone with bullies. If bullying occurs on the way to or from school, you may want to take a different route, leave at a different time, or find others to walk to and from school with. If bullying occurs at school, avoid areas that are isolated or unsupervised by adults, and stick with friends as much as possible.

If necessary, take steps to rebuild your self-confidence. Bullying can affect your self-confidence and belief in yourself. Finding activities you enjoy and are good at can help to restore your self-esteem. Take time to explore new interests and develop new talents and skills. Bullying can also leave you feeling rejected, isolated, and alone. It is important to try to make new friendships with people who share your interests. Consider participating in extra-curricular activities or joining a group outside of school, such as an after-school program, church youth group, or sports team.

Do not resort to violence or carry a gun or other weapon. Carrying a gun will not make you safer. Guns often escalate conflicts and increase the chances you will be seriously harmed. You also run the risk that the gun may be turned on you or an innocent person will be hurt. And you may do something in a moment of fear or anger you will regret for the rest of your life. Finally, it is illegal for a teen to carry a handgun; it can lead to criminal charges and arrest.

If Someone Else is Being Bullied...

Refuse to join in if you see someone being bullied. It can be hard to resist if a bully tries to get you to taunt or torment someone, and you may fear the bully will turn on you if you do not participate, but try to stand firm.

Attempt to defuse bullying situations when you see them starting up. For example, try to draw attention away from the targeted person, or take the bully aside and ask him/her to "cool it." Do not place yourself at risk, however.

If you can do so without risk to your own safety, get a teacher, parent, or other responsible adult to come help immediately.

Speak up and/or offer support to bullied teens when you witness bullying. For example, help them up if they have been tripped or knocked down. If you feel you cannot do this at the time, privately support those being hurt with words of kindness or condolence later.

Encourage the bullied teen to talk with parents or a trusted adult. Offer to go with the person if it would help. Tell an adult yourself if the teen is unwilling to report the bullying. If necessary for your safety, do this anonymously.

How Parents Can Help Make Schools Safer

The Department of Education's 1998 publication, [*Early Warning, Timely Response*](#) offers the following suggestions for parents who want to create safer schools:

- Discuss the school's discipline policy with your child. Show your support for the rules, and help your child understand the reasons for them.
- Involve your child in setting rules for appropriate behavior at home.
- Talk with your child about the violence he or she sees on television, in video games, and possibly in the neighborhood. Help your child understand the consequences of violence.
- Teach your child how to solve problems. Praise your child when he or she follows through.
- Help your child find ways to show anger that do not involve verbally or physically hurting others.
- When you get angry, use it as an opportunity to model these appropriate responses for your child and talk about it.
- Help your child understand the value of accepting individual differences.
- Note any disturbing behaviors in your child. For example, frequent angry outbursts, excessive fighting and bullying of other children, cruelty to animals, fire setting, frequent behavior problems at school and in the neighborhood, lack of friends, and alcohol or drug use can be signs of serious problems. Get help for your child. Talk with a trusted professional in your child's school or in the community.
- Keep lines of communication open with your child even when it is tough. Encourage your child always to let you know where and with whom he or she will be. Get to know your child's friends.
- Listen to your child if he or she shares concerns about friends who may be exhibiting troubling behaviors. Share this information with a trusted professional, such as the school psychologist, principal, or teacher.
- Be involved in your child's school life by supporting and reviewing homework, talking with his or her teacher(s), and attending school functions such as parent conferences, class programs, open houses, and PTA meetings.
- Work with your child's school to make it more responsive to all students and to all families. Share your ideas about how the school can encourage family involvement, welcome all families, and include them in meaningful ways in their children's education.
- Encourage your school to offer before- and after-school programs.
- Volunteer to work with school-based groups concerned with violence prevention. If none exist, offer to form one.
- Find out if there is a violence prevention group in your community. Offer to participate in the group's activities.
- Talk with the parents of your child's friends. Discuss how you can form a team to ensure your children's safety.
- Find out if your employer offers provisions for parents to participate in school activities.

Back Pack & Book Bag Safety



4 Steps to Safe Backpack Use

Below are helpful tips from www.backpacksafe.com to insure you know how to safely use your backpack in order to promote spinal health.



Step 1: Choose Right.

Choosing the right size backpack is the most important step to safe backpack use.

Tip: Bring a friend to help you measure your backpack properly.



Step 2: Pack Right.

The maximum weight of the loaded backpack should not exceed 15 % of your body weight, so pack only what is needed.

Tip: If the backpack forces the wearer to move forward to carry, it's overloaded.



Step 3: Lift Right.

Face the Pack - Bend at the Knees - Use both hands and check the weight of the pack. - Lift with the legs - Apply one shoulder strap and then the other.

Tip: Don't sling the backpack onto one shoulder.



Step 4: Wear Right.

Use both shoulder straps - snug, but not too tight.

Tip: When the backpack has a waist strap - use it.

In an online survey of more than 200 chiropractors responding from across North America at www.backpacksafe.com, it was learned that:

- **89 percent** of chiropractors surveyed responded that they have seen patients (ages 5-18) reporting back, neck or shoulder pain caused by heavy backpacks.
- **71 percent** of chiropractors presently seeing such patients responded that they are currently seeing one to four patients (ages 5-18) reporting back, neck or shoulder pain caused by heavy backpacks.
- **20 percent** of chiropractors presently seeing such patients responded that they are currently seeing five to nine patients (ages 5-18) reporting back, neck or shoulder pain caused by heavy backpacks.
- **9 percent** of chiropractors presently seeing such patients responded that they are currently seeing 10 or more patients (ages 5-18) due to back, neck or shoulder pain caused by heavy backpacks.

Can backpacks cause long-term back problems?

Backpacks themselves can do no damage. Using them improperly can.

My back and neck hurt after wearing my backpack. What should I do?

You should let your parents know about the pain you feel. Pain is a signal from your body telling you something is wrong. You should consult your family chiropractor or other health care practitioner immediately.

Is there a backpack that is safer to wear?

Most backpacks are safe to wear if they're worn properly and you follow the backpack safety guidelines. However, there are some that are specially designed to distribute the weight load safely and with less stress on your growing spine.

How much weight should I put in my backpack?

A maximum of 15 percent of your body weight is what should go into your backpack. That means if your body weight is 80 pounds, you should carry 12 pounds or less in your backpack.

I have too many books to carry. What should I do?

Lighten your load by removing any unnecessary items. Carry a heavy book or two under your arm.

Do I have to wear both shoulder straps and the waist strap?

Yes, because the shoulder straps help you distribute the weight evenly between your shoulders and the waist strap helps to stabilize the load, preventing possible injury during movement.

For more information about
backpack safety,
visit www.backpacksafe.com or
Google "Back Pack Safety".



FAQ'S
about
back
packs



Beginning on August 28, 2006 all Missouri children between ages 4-8 years old will be required to use a booster seat until they reach their 8th birthday, or reach 80 pounds or 4'9" tall — whichever comes first.

Some parents or caregivers may regard booster seats as a hassle to use or a pain to convince their children to use. But protecting the ones we love means getting past the temporary complaints and perceived hassles because the threat of potential injuries and the lives of children really are at risk. Use a booster seat because you love them.

If you do not have a booster seat and can not afford one, contact the following agencies as they may have them on hand and can fit your child with one by trained staff. Guidelines may apply for availability due to their funding. Be sure to call first to check availability & schedule an appointment. And remember to take your child(ren) with you!

**Safety & Health Council of
Western Missouri & Kansas**

5829 Troost Avenue
Kansas City, Missouri 64110
Phone: (816) 842-5223
E-Mail:
shc@safetycouncilmoks.com

**Safety Council of the Ozarks
Safe Kids**

Daphne Greenlee, Coordinator
1111 South Glenstone
Springfield, Missouri 65804
Phone: (417) 869-2121
Toll Free: (800) 334-1349
E-Mail: dgreenlee@nscozarks.org

**Safety Council of Greater
St. Louis**

1015 Locust Street, Suite 902
St. Louis, Missouri 63101
Phone: (314) 621-9200, ext. 21
E-Mail: director@stlsafety.org
FAX: (314) 621-9204

Booster Seats Protect Children and Save Lives

- ***Every year children suffer needless injury. Children ages 4 to 8 who use booster seats are 59 percent less likely to be injured in a car crash than children who are restrained only by a safety belt, according to a study by Children's Hospital of Philadelphia (CHOP). According to NHTSA, motor vehicle traffic crashes were the leading cause of death for every age 3 through 33.***
- ***A positive relationship between drivers using safety belts and children being restrained shows 92 percent of the children who were transported by belted drivers were restrained compared to only 62 percent of the children transported by unbelted drivers.***
- ***While 98 percent of America's infants (under age 1) and 89 percent of children ages 1 to 4 are now regularly restrained, far too few kids ages 4 to 8 are restrained properly for their size and age. Only 10 percent to 20 percent of children ages 4 to 8 who should be using booster seats to protect them are actually in them.***
- ***Children ages 4 to 8 are generally too small for adult safety belts (which lay incorrectly on their necks and along their stomachs). These kids need a "boost" to ensure the safety belt will fit securely across their chests, and low and snug across their hips—to help prevent internal injuries, neck, head and spinal injuries, and even ejection and death in the event of a crash.***

Springfield

**FREE
ADMISSION!**

ST. JOHN'S BACK TO SCHOOL BASH

SATURDAY, AUGUST 26

9 AM - 1 PM • MONTCLAIR & NATIONAL

There is only a little more summer vacation left, but that doesn't mean you can't pack in some big fun at St. John's Back to School Bash! Your friends at St. John's have brought together Springfield's best interactive safety exhibits, educational challenges and -of course- all those great inflatables. Bring the family for a morning full of fun and free goodies!

SCHOOL SUPPLIES:

Admission is free, but donations of new school supplies for the Salvation Army are requested.

For more information, call 888-8888 or 1-800-909-8326. Or visit stjohns.com.



parent & family



ST. JOHN'S
Children's Hospital

People to know at school....

School Name: _____

School #: _____ Address: _____

Starts: _____ Lunch Period: _____ Ends: _____

Teacher: _____ Ext. #: _____

Assistant: _____ Ext. #: _____

Bus Driver _____

Occupational Therapist: _____ Ext. #: _____

Physical Therapist: _____ Ext. #: _____

Speech/Language Pathologist: _____ Ext. #: _____

Nutrition Specialist/Food Services _____

Principal: _____ Ext. #: _____

School Secretary: _____ Ext. #: _____

School Nurse: _____ Ext. #: _____

Special Services Supervisor _____ Ext. #: _____

Process Coordinator _____ Ext. #: _____

SS Secretary _____ Ext. #: _____

Transportation Secretary _____ Ext. #: _____

